

1AMDCAN 116

Name (print) DENNIS NOLAN Office (if applicable) STATE SENATE District (if applicable) DISTRICT 9
 Mailing Address (include city and zip code) PO Box 82249 LAS VEGAS, NV 89180-702-838-3388
 E-Mail Address dnolan@asm.state.nv.us

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PREY ☐ IND EXP ☒ AMENDED

**Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002
 Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002
 Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002
 BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002

**Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

**Report #3 Due — January 15, 2003**

Period: Oct. 25, 2002 — Jan. 3, 2003
 BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

BALANCE

This figure should reflect the balance shown on your last Disposition of
 Unspent Contributions Report, or last Contributions & Expenses Report, if any

\$1928.62**CONTRIBUTIONS SUMMARY**

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution
 of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- | | |
|---|---------------------|
| 1. Total amount of monetary contributions in excess of \$100 | <u>\$ 79,200.00</u> |
| 2. Total amount of monetary contributions of \$100 or less | <u>\$ 1,145.00</u> |
| Actual number of monetary contributions of \$100 or less | <u>15</u> |
| 3. Interest and income earned on contributions, if any | <u>0</u> |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) | <u>\$ 80,345.00</u> |
| 5. Total amount of In Kind Contributions | <u>0</u> |

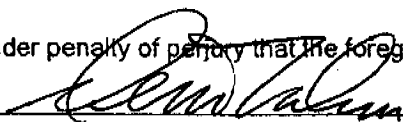
EXPENSES SUMMARY

- | | |
|--|---------------------|
| 6. Total amount of monetary expenses in excess of \$100 | <u>\$ 60,305.77</u> |
| 7. Total amount of monetary expenses of \$100 or less | <u>\$ 2,661.77</u> |
| 8. Expense for filing fee | <u>\$ 100.00</u> |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) | <u>\$ 63,067.54</u> |
| Remaining Balance (Subtract line 9 from 4) | <u>\$ 17,277.46</u> |
| 10. Total amount of In Kind Expenses | |

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature



Date Executed On

8/27/02